

**SAD, ANGRY, LONELY
AND SCARED:**
The Masks of Depression



Credits

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Teacher's Resource Book

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Introduction

Winston Churchill called it his “black dog.” William Styron said it was like “being engulfed by a toxic and unnamable tide that obliterated any enjoyable response to the living world.” These two men suffered from depression: a serious illness that can be debilitating and even fatal.

Until the 1970’s, it was thought that only adults suffered from depression. But over the past two decades, research has shown that children and adolescents may be affected by depression at rates equal to or higher than those of adults. Why were psychologists so slow to determine this? The main reason is that in children and adolescents, depression often occurs in tandem with learning disabilities, attention deficit/hyperactivity disorder (ADHD), and other disorders so that the depression is obscured. Depression in adolescents can be particularly difficult to spot because teenage depression can manifest itself in a number of ways. While some depressed teens show the dark, sad, blue mood that is typical of adult depression, others are angry, irritable, or anxious. Often teenage depression is dismissed as a phase that goes along with the tempestuous territory of adolescence.

Nevertheless, it is not impossible to identify teenagers who are depressed. Teenagers who are depressed differ from their peers in that their dark or angry moods last longer and are less likely to be tied to a specific environmental event. Depressed teens are often loners, but popular students are not exempt from depression. Some depressed teens cope with their depression by using drugs and alcohol. Others cut or burn themselves. Female teens can sometimes deal with depression by developing an eating disorder.

The causes of depression are unclear. It is thought that environmental factors interact with a genetic disposition to bring on the disorder. Parental abuse or neglect can contribute to depression, as can difficulties at school. Depression can be aggravated if the sufferer is isolated by schoolmates. By contrast, an environment of acceptance, tolerance, and support can help a depressed teen. It is crucial that we identify teenagers who are depressed and that we help them find treatment. Adolescent depression that goes untreated will almost inevitably recur in adulthood in a much more severe form.

Friends, family, and teachers can help the depressed adolescent by pointing them toward treatment and by offering emotional support: by actively listening, by offering concerned sympathy and hope for the future. It is important that your students learn to be careful with their depressed friends, that they know to listen carefully and not to judge.

Finally, it is important to remove the stigma that is often attached to depression. Your students should realize that people with depression are not crazy: they are ill. Depression is a disease like cancer or diabetes. When correctly diagnosed, it can be treated and cured.



Learning Objectives

After watching the video *Sad, Angry, Lonely, and Scared: The Masks of Depression* and participating in the class activities described in this Teacher's Resource Book, your students will:

- understand that depression is a treatable mental illness
- recognize that mental illnesses are no different from other legitimate physical illnesses
- be able to identify signs of depression in their friends and themselves
- realize how important it is for young people to help one another through difficult times
- learn that one should never give up hope, no matter how futile a problem may appear

Program Summary

The video opens with haunting music and the image of a dusky landscape. We hear a young woman's voice. She describes her depression: it was a darkness, she tells us, a black hole. She didn't have anyone. She hated people. She felt utterly alone.

One by one, the words *Sad*, *Angry*, *Lonely*, and *Scared* come into view. They are followed by *The Masks of Depression*.

The first on-camera speaker is David, who describes the onset of his depression. He was eight years old and his family moved from Mississippi to Minnesota. The transition was difficult because David, who is African American, was plagued by a racism that he had not known before. In front of his own house, he was picked up by the police because someone thought that he didn't "belong." He started to get sad and ceased to care about anything.

Next we meet Matt. He tells us that he was depressed from the time he was six or seven, but he didn't realize that he had a problem. He was very internal, and he was aware of being different, but he had no words for how he was feeling. He thought that was simply the way life was. He didn't hear the word "depression" until after he was 9 or 10, even though he was seeing a therapist.

David describes his depressed mental state. Belittling, negative thoughts would flit through his mind incessantly. Matt talks about yearning for relief from the pain, just wanting it to end. "It's not natural," he says. "It's not something a person should have to go through." David talks about a suicide attempt. He felt that he was hurting so many people close to him that he shouldn't live. He took forty or fifty of his prescribed anti-depressant pills. Part of him was ready to die, but part of him still wanted to live, he explains, because he told his mother what he had done.

At this point in the video, viewers are introduced to the mother of a young woman named Carly. We see a photograph of a grinning, dark-haired teenager. Carly's mother talks about the journal that Carly kept. In the journal Carly wrote that she knew that something was really wrong, but she didn't know what it was. Shortly after writing in her journal, Carly committed suicide.

Now we meet Michelle, who shows us a picture of herself. "I tried to smile in all my pictures," she says, "because when you are really upset, you don't want anyone to know." She talks about how much she wanted to be alone. She would repeatedly withdraw from her family so that she could be alone with her dark thoughts. "I just wanted to be alone. I didn't want to be with people, because I didn't like them." Just as she didn't like others, she felt that others had no use for her. It all tied together for her: because she didn't like people and she thought that people didn't like her, she became convinced that she should die. That thought made her happy.

Reaching Out Charades

This class activity will help students to recognize that people need one another in order to feel a sense of connection and community. In times of crisis or despair, it is crucial for young people to know that they are not alone. When students are having fun together, they are learning to reach out to their peers.

- 1 Break the class into small groups, with no more than five students in each group.
- 2 Select one student from each group to be the group's official artist and ask the artists to come up to your desk.
- 3 Without letting the other students hear, instruct each of these artists to draw a cartoon showing ways that a person can reach out to someone else. Tell the artists:

You can invent any activity you wish—as long as it depicts a person (or people) making an effort to help someone else. You don't have to possess drawing talent. The point of this exercise is to encourage each other to think of ways to reach out and communicate.

- 4 Tell the class:

This is a sort of visual charades. I've just given a task to each group's artist. They have to draw something for you.

They're not allowed to talk to you, or answer any of your questions. You'll have to guess what they are drawing.

I will be timing this exercise. Whichever group is first to guess what its artist has drawn will be the winner.

- 5 If time permits, you may want to continue the game so that more than one member of each group has a turn as artist.
- 6 When students are in full-swing with this activity, you may want to point out that even this exercise is an example of being in a community of people on whom we can all depend.

Stigma Discussion

The **Stigma** exercise on pages 9-11 is designed to help your students examine any prejudices they may have about mental illness. It is important that adolescents question their judgments because many teenagers (and, indeed, many adults) are misinformed about depression, schizophrenia, and other mental illnesses. Adolescents are prone to making snap judgments, basing their opinions of a person on a few facts. After they have made a judgment, teens usually feel free to make that judgment known to those around them. Being judged negatively is a particularly painful experience for any adolescent. Such experiences can also aggravate the symptoms of a teenager suffering from depression.

After your students complete the worksheets on pages 9-11, you may want to conduct a discussion with the class. During this discussion, it is important that the following points be made:

- Mental illnesses, like physical illnesses, are beyond the control of the sufferer.
- Mental illnesses do not indicate a weakness on the part of the sufferer.
- Mental illnesses are curable.
- It is not acceptable to judge a person because of a mental or physical impairment.
- It is acceptable to judge certain behaviors. For example, it is wrong to drink and drive, to cheat, or to shoplift.
- If a person has been diagnosed with a mental illness in the past, it does not mean the person is suffering from the same illness today.
- Someone in therapy is not “crazy.”

You may also want to distribute the fact sheets on pages 35-43.

Active Listening Instructions

The **Active Listening** role plays on page 23 are designed to help students practice the skill of active listening.

Before students perform the role plays, copy and distribute the **Active Listening** sheet on page 33. Make sure that students understand the basic skills involved in being an active listener.

When students have understood the concept of active listening, copy and distribute the **Active Listening Role Plays** on page 23.

Select a role play scenario and read it aloud to students.

Each role play should be performed by two students, while the rest of the class observes. One person should be the listener and the other should be the speaker.

Instruct students to perform each role play twice:

1. with the listener demonstrating poor active listening skills
2. with the listener demonstrating good active listening skills

After each role play, use these questions to facilitate class discussion:

- Did the speaker feel that he/she was being heard?
- Did it seem like the listener understood what was being said?
- What listening techniques were effective?
- What listening techniques were ineffective?
- How did the listener feel during the role play?
- Was it difficult to listen actively?
- Did the listener make any mistakes during the good active listening skills version? If so, what were they?
- What else could the listener have done?



Student Worksheets



Research

Choose one of the topics from the following list. Research the topic and write a 2-3 page essay in which you discuss your findings.

Famous People Who Overcame Depression

William Styron, Abraham Lincoln, and Winston Churchill all suffered from depression, yet each was able to achieve great things in spite of the disease. Choose one of these three men and write an essay in which you answer the questions: How did depression affect your subject? What methods did he use to combat depression? How was he able to overcome it?

Depression and Gender

Research has found that more women than men have depression. Why is this? What internal factors make women more prone to depression? What role does society play?

Drug Therapies

In recent years, the use of drugs to treat depression has risen significantly. What are these drugs? How do they work? What are some of their side effects? Who can benefit from them? Do they work for everyone?

Depression and Children

Until recently, psychologists did not believe that children could suffer from depression. This view has now changed. What caused this change? What is childhood depression? How does it differ from depression in adolescents or adults? How is it diagnosed and how is it treated?

Depression and Substance Abuse

Are people with depression more likely to abuse drugs and alcohol? Why would they be more prone to substance abuse than mentally healthy people? How do alcohol and drugs affect depression?

Asking for Help

Part 1

Sometimes the hardest thing in the world is to ask a friend for help. But it is important—even crucial—to be able to ask for help when you need it. It can be the first step in getting yourself out of a hole. This exercise is designed to help you become more comfortable asking for help.

1

You are going away to a summer program for two weeks. This program is really hard to get into. You are thrilled to be going. The only problem is your dog, Sparky. He has to be walked at least twice a day or he'll go crazy. Your mom can't do it because she works all day—sometimes until seven or eight at night. Your dad lives in another state, so he's not an option, either. Your little sister is only seven and you wouldn't trust her anyway. Your best option is your friend Franco. He's around all summer and he lives close by. Plus, he loves Sparky.

Write Franco a note asking him to take care of Sparky.

2

You are having the hardest time in Chemistry. You've always been really good at science but for some reason Chemistry is beyond your comprehension. You are totally lost. Usually you are the one that other people count on to help with school work; you can't believe that now it's you struggling with homework and getting C's or D's on tests. You really need help. Diana has been acing the class all semester. You don't want to ask but it's your only hope.

Write Diana a note asking her to help you with Chemistry.

3

It started in September. You're not sure what set it off. Maybe it was the fact that your so-called friends Cory and Sam have been ignoring you since school started. Maybe it was the way your parents have been screaming at each other practically every night for the past six months. Whatever it was, you haven't been the same for these last three months. You can't sleep because you are terrified of what you might dream. You feel like everyone has abandoned you. You feel like you are going crazy—or maybe you're already there. The one person who you think you might be able to trust is Phil. He's funny, gentle, and nice and you feel like he understands you. You feel desperate. You need help. You need to talk to someone about how you feel. Phil's the only one.

Write Phil a note explaining your feelings and asking for help.

Go on the Part 2 of this activity.

Reasonable Expectations

Part 1

When we fall short of the expectations that we establish for ourselves, we may feel sad and unworthy. We may feel that we have failed. We might be happier people if we learn how to provide ourselves with realistic expectations that we **can** meet.

For this exercise, make a list of ten things that you expect from yourself. When you are done with your list, consider each expectation carefully. Is it realistic? How reasonable is it? Is it possible to accomplish? Give each expectation a value from 1 to 10, using 1 for the most reasonable and 10 for the least reasonable.

Expectations	1-10
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

How many of your expectations rated below a 5? _____

How many above a 5? _____

Above a 7? _____

Did you have any 10's? If so, how many? _____

Go on to Part 2 of this activity.

Reasonable Expectations

Part 2

In the space below, write down your three expectations with the highest values. For each one, decide the steps you could take to adjust your expectation or break it down into more reasonable goals. Follow the model provided.

Example: <i>I expect to learn perfect Spanish by next year</i>	My Expectation:
↓ <i>I can remove my time limit</i>	↓
↓ <i>I resolve to learn ten new words a week</i>	↓
↓ <i>I intend to concentrate on my accent</i>	↓
↓ <i>I will do my Spanish homework consistently</i>	↓
My Expectation:	My Expectation:
↓	↓
↓	↓
↓	↓
↓	↓
↓	↓
↓	↓

Support

Part 1

William Styron, the author of Sophie's Choice and other books, was stricken with depression when he was sixty. He describes his ordeal in the memoir, Darkness Visible. Although he endured tremendous pain, he survived. He credits his survival, in part, to the support he received from his wife and his friends. Of one particularly helpful friend, he wrote, "His support was untiring and priceless...I still look back on his concern with immense gratitude."

Styron is not unique. People who are depressed often benefit greatly from the support of their friends and family. This support can sustain them when everything else seems hopeless. It can be difficult to know what to say or do when you are around someone who is depressed. In fact, depressed people want to hear many of the things that we all want to hear when we are feeling sad, lonely, and scared: we want someone to tell us that we are loved and that everything will get better if we just can make it through the dark times.

For this exercise, please use the chart on page 27.

1. In the first column, describe an incident in which someone offered you support. Then answer the questions that follow.
2. In the second column, describe an incident in which you offered support to someone else. Again, answer the questions that follow.
3. In the third column (or on a separate sheet of paper), answer the questions about the two experiences of receiving and giving support.

Support Chart

PART 1: When someone offered you support	PART 2: When you offered support to someone else	PART 3: Synthesis
What happened? _____ _____ _____ _____	What happened? _____ _____ _____ _____	Is it easier to give or receive support? _____ _____ _____ _____
1. Did you accept the support?	1. Why did you offer support?	What is hardest about giving support?
2. Why or why not?	2. Did the person accept your help?	
3. How did you feel before the person offered support?	3. How did you feel before you offered your support?	What is hardest about being supported?
4. How did you feel afterwards?	4. How did you feel afterwards?	
5. What did the person do or say that was particularly helpful?	5. What did you do or say that you thought was particularly helpful?	Have the methods in which you give support been influenced by a time in which you received support? How?
6. What did the person do or say that was not very helpful?	6. What did you do or say that you thought was not very helpful?	

Depression in Others

How can you tell if someone you know is clinically depressed? It is often possible to see the outward signs of sadness and apathy in other people, but it can be much harder to recognize that these may be symptoms of clinical depression. A 1996 survey by the National Mental Health Association found that most Americans were uninformed about the illness. For example, fewer than 30 percent knew that changes in sleeping and eating habits can be caused by depression. This lack of awareness may keep many people from getting the help they need.

The following questions can help you decide if someone you know may be suffering from depression that requires treatment:

	Yes or No?
Is the person in a depressed mood most of the time? For example, does the person often look as if he or she is about to cry?	_____
Has the person lost interest in most activities? For example, has the person recently given up a hobby he or she used to enjoy?	_____
Has the person gained a lot of weight in a short amount of time? Or has the person lost a lot of weight without going on a diet?	_____
Does the person frequently wake up too early and have trouble falling back asleep? Or does the person sleep more than normal?	_____
Is the person always pacing and fidgeting? Or does the person seem as if he or she is moving and talking in slow motion?	_____
Does the person often complain of being tired? Does the person take longer than usual to do simple tasks, such as dressing?	_____
Does the person blame him- or herself for everything that goes wrong? Does the person say things such as, "I'm no good"?	_____
Is the person unable to concentrate on reading a book or watching TV? Does the person have trouble remembering things?	_____
Does the person frequently talk about death and suicide? Does the person make statements such as, "I'd be better off dead"?	_____
Has the person been having trouble getting along at home, work, or school? Has the person's job or school performance dropped?	_____

If you answered "yes" to one of the first two questions and several of the other questions, the person you know may be clinically depressed. Encourage the person to seek a professional evaluation. This is important both to rule out other causes for the symptoms and to get treatment if the source is indeed depression.

Active Listening

Listening is often viewed as a passive activity, but it really isn't passive at all. **Active listening** means that you are really paying attention to what your friend is saying and that you are trying hard to understand. Someone who is depressed and/or thinking about suicide needs a good friend. What is the most important part of being a good friend? Sometimes it is simply knowing how to be a good listener.

As an active listener, you want to send out three important messages:

I'm interested in you.

I care about you.

I want to help.

To communicate these messages, follow these simple tips:

DO find a quiet, private place to talk. You and your friend will both be more relaxed and comfortable.

DO

DO sit down next to your friend.

DO lean your face toward your friend's face.

DO make frequent eye contact.

DON'T criticize or judge your friend. Try not to say things like "You're always in some kind of crisis."

DON'T evaluate your friend's feelings and thoughts. Try not to say things like "That doesn't sound so awful to me."

DON'T

DON'T give advice too quickly. Try not to jump in with "Here's what I think you should do . . ."

DON'T fall back on clichés to convince others that their troubles really aren't that bad. Try not to say things like "Everything will look brighter in the morning."

DON'T try to jolt your friend out of his/her suicide plan by asking him/her to imagine how bad his/her parents will feel when he/she dies. Asking your friend to think about someone else's feeling sends the message, "I'm worried more about how your suicide will affect others. I'm not as worried about you."

Reprinted from The Power to Prevent Suicide, Richard E. Nelson, Ph.D. and Judith C. Galas

Defining “mental illness”

Mental illness is a very common problem. Each year, as many as 50 million Americans suffer from a mental disorder that interferes with work, school, or daily life. Of those, over 17 million may be suffering from depression. Consider it this way: mental illness is nothing more than an illness that manifests itself in the brain. It may interfere with a person’s ability to think, feel, and interact with others. The term “mental illness” includes a number of disorders that can vary in symptoms and severity. The most frequently diagnosed of these disorders is depression.

Mental illness is just as real as heart disease or cancer. As with any illness, early diagnosis and treatment can help head off more serious problems. But if the illness is left untreated, it can become a long-term disability. For example, depression usually persists for months or even years without treatment.

Unfortunately, only a small fraction of people with mental disorders ever seek help. This is a tragedy. In recent years, great advances have been made in understanding mental illness. Some of the greatest progress has been made in the area of depression. At least 80 percent of people with depressive illnesses can now be helped. With proper treatment, most can lead fuller, happier lives.

Types of Depression

There are several types of depression. These four are among the most common.

Major Depression (Unipolar Depression)

This is the most severe kind of depression. It is characterized by a combination of symptoms, including a sad or empty mood and a loss of interest in once-pleasurable activities. Major depressive episodes can occur once, twice, or several times a lifetime.

Manic-Depressive Illness (Bipolar Depression)

This depressive disorder involves cycles of depression mixed with cycles of inappropriate euphoria, known as mania. The cycles can last a couple days or several weeks. The changes of mood can be rapid, but more often they are gradual.

Dysthymia

Dysthymia is a less severe form of depression. It involves long-term, chronic symptoms that resemble those of major depression but are not fully disabling, yet impede normal functioning. People with dysthymia can also experience major depressive episodes, known as *double depression*.

Seasonal Affective Disorder (SAD)

This is a depressive illness in which symptoms recur in the winter. It is characterized by a marked decrease in energy, increased need for sleep, and carbohydrate craving. Many patients with SAD are helped by *phototherapy*: being exposed each morning to bright, full spectrum light.

Symptoms of Depression

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in once-pleasurable activities
- Insomnia, early-morning awakening, or oversleeping
- Appetite and/or weight loss or overeating and weight gain
- Decreased energy, fatigue
- Thoughts of death or suicide, suicide attempts
- Restlessness, irritability
- Difficulty concentrating, remembering, making decisions
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain

Symptoms of Mania

- Inappropriate elation
- Inappropriate irritability
- Severe insomnia
- Grandiose notions
- Increased talking
- Disconnected and racing thoughts
- Increased sexual desire
- Markedly increased energy
- Poor judgment
- Inappropriate social behavior

Warning Signs of Suicide

Over half of people with moderate to severe depression think about suicide as a way to end their pain. For most people, this goes no further than fleeting thoughts. For others, however, it progresses to definite plans and actual attempts. It is estimated that 15 percent of people with major depression take their own lives.

Some warning signs of suicide are:

- deep depression
- loss of interest in activities that were once enjoyed
- comments such as “you’d be better off if I were dead”
- writings or drawings with messages of self-destruction
- alcohol or drug abuse
- impulsive or reckless behavior
- withdrawal from family and friends
- recent traumatic loss, such as the death of a loved one
- giving away favorite possessions
- putting personal affairs in order
- signs of a suicide plan, such as stockpiling medication
- previous suicide attempts

The risk of suicide increases with age, but it is also a leading cause of death among young people. In fact, the suicide rate among 15- to 24-year-olds has tripled in the last three decades. Women attempt suicide more often than men, but men are seven times as likely to succeed. Most people who commit suicide are single, divorced, or widowed and living alone at the time of their deaths.

There’s truth in the cliché that suicidal behavior is a cry for help. Any suicide threat or attempt should be taken seriously. If you recognize the warning signs in yourself or someone you know, get help immediately. Don’t assume the depression will pass on its own. That could be a fatal mistake.

Children and Adolescents

Adults aren't the only ones who become depressed. Children and adolescents can develop clinical depression with the same symptoms as older people, including a pervasive sense of sadness and a loss of interest in their usual activities. However, they can develop other signs as well. Some common signs of depression in children and adolescents are:

- long-lasting irritability or sadness
- loss of pleasure in activities they used to enjoy
- withdrawal from friends and family
- failure to make expected weight gains
- increased activity
- physical complaints such as headaches and stomach aches
- frequent absences from school or a drop in grades
- trouble getting along at home or school
- persistent boredom or lack of energy
- poor concentration
- major changes in sleeping or eating habits
- talk of death or suicide
- alcohol or drug abuse

A child who once liked to play with friends may want to be alone all the time, while a teenager who once enjoyed band or sports practice may drop those activities. A young person who gets into trouble at home or school may also be depressed, although adults may not realize this if the child doesn't seem sad. An adolescent who abuses alcohol or drugs may be searching for a way to feel better, while one who talks about wishing to be dead may be looking for a way to end the pain.

According to the American Academy of Child and Adolescent Psychiatry, about 5 percent of children and adolescents may be seriously depressed. Early diagnosis and treatment are essential for young people who are suffering from depression. If you are a young person struggling with this problem, talk to an adult you trust about getting treatment.

Treatment Facts

Clinical depression can be successfully treated in at least 80 percent of cases, but only if treatment is sought. Unfortunately, two-thirds of the people who experience a depressive illness fail to seek professional help. This may be partly due to the public's lack of knowledge about depression. Following are facts to help you sort the truths about depression from the falsehoods.

MYTH: Medications are always better than psychotherapy.

REALITY: A 1995 paper reviewed several well-controlled studies comparing these two approaches to treating depression. The authors concluded that psychotherapy, particularly cognitive-behavioral therapy, was at least as effective as medications. In general, short-term psychotherapy and antidepressants are considered about equally useful for people with mild to moderate depression.

MYTH: Antidepressants often lead to serious side effects.

REALITY: Different antidepressants have different side effects and risks. A qualified physician should be consulted to help evaluate them. Some people experience only minor side effects.

MYTH: You can stop taking antidepressants as soon as you feel better.

REALITY: To be most effective, antidepressants must be taken for at least six months. Often, in initial therapy, they are taken for a full year. Stopping too soon increases the chance of having a recurrence. In addition, some medications must be stopped gradually to give the body time to adjust.

MYTH: One depression medication fits all.

REALITY: Different people respond differently to medications. Among other things, the usefulness of a given drug depends upon an individual's general health, weight, metabolism, and personal preferences. Luckily, if one medication doesn't work, there are other medications or treatments the person can try.



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